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**FROM:** Charles D. Holland**DATE:** February 5, 2004

Number of pages with cover page:	5
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**Comments:**

Atty Docket No.: 282172000902  
Inventor: Derek J. HEI et al.  
Application No.: 10/051,976  
Filing Date: January 16, 2002

Title: METHODS AND DEVICES FOR THE REMOVAL OF PSORALENS FROM  
BLOOD PRODUCTS

**Documents Filed:**

1. Transmittal (1 page)
2. Fee Transmittal (1 page with copy)
3. Notice of Appeal (1 page)

PTO/SB/2: (08-03)

Approved for use through 07/31/2006. OMB 01-51-0031

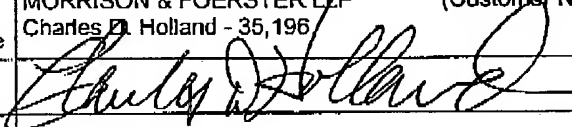
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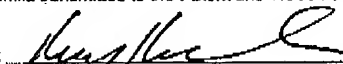
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/051,976	
	Filing Date	January 16, 2002	
	First Named Inventor	Derek J. HEI	
	Art Unit	1651	
	Examiner Name	D. Naff	
Total Number of Pages In This Submission	4	Attorney Docket Number	282172000902

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page with copy) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Charles D. Holland - 35,196
Signature	
Date	February 5, 2004

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9307, on the date shown below.	
Dated: 2/5/04	Signature:  (Kerry C. Keehan)



PTO/SB/3 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b> 282172000902	
In re Application of Derek J. HEI et al.			
Application Number 10/051,976		Filed January 16, 2002	
For <b>METHODS AND DEVICES FOR THE REMOVAL OF PSORALENS FROM BLOOD PRODUCTS</b>			
Art Unit 1651		Examiner D. Naff	

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.03-1952. Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

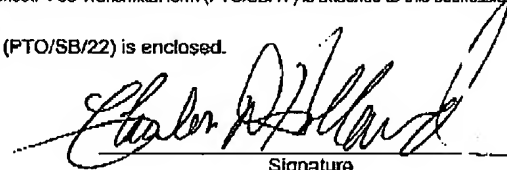
I am the

☐ applicant /inventor

☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ attorney or agent of record.  
Registration number \_\_\_\_\_

☒ attorney or agent acting under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a), 35,196

  
Signature  
Charles D. Holland  
Typed or printed name  
(650) 813-5832  
Telephone number  
February 5, 2004  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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Dated: 2/5/04

Signature:  (Kerry C. Keenan)